



WAYS AND MEANS

CHAIRMAN KEVIN BRADY

Common-Sense Medicare Reforms

The *Bipartisan Budget Act of 2018* (BBA 18) contains a number of common-sense Medicare policies that have cleared the House or Senate through regular order. These items include, but are not limited to, policies based on or contained in the following bills:

Medicare Part B Improvement Act of 2017 (H.R.3178), introduced by Ways and Means Committee Chairman Kevin Brady (R-TX) and Ranking Member Richard Neal (D-MA), makes a series of targeted improvements to Medicare Part B programs, including expanding access to in-home treatments for patients. The legislation includes several bipartisan ideas from Members of the Committee, including policies reflected in the following bills:

- **H.R. 3163**, introduced by Reps. Marchant (R-TX), Pat Tiberi (R-OH) and Bill Pascrell (D-NJ), which creates a transition payment for home infusion therapies for Medicare beneficiaries to ensure there is no gap in care.
- **H.R. 3171**, introduced by Reps. Mike Bishop (R-MI) and Mike Thompson (D-CA), which protects access to orthotics and prosthetics for Medicare beneficiaries who need them.
- **H.R. 3166**, introduced by Reps. Lynn Jenkins (R-KS) and John Lewis (D-GA), which improves the accreditation process for dialysis facilities so Medicare beneficiaries with chronic kidney disease living in rural communities can more easily access the treatments they need.
- **H.R. 3164**, introduced by Reps. Diane Black (R-TN), Suzan DelBene (D-WA), Mike Thompson, and Pat Meehan (R-PA), expands the use of telehealth technologies for Medicare beneficiaries receiving dialysis in their homes.
- **H.R. 3173**, introduced by Reps. Kenny Marchant (R-TX) and Ron Kind (D-WI), which puts into law existing regulations to modernize Medicare's physician self-referral laws, known as "Stark laws."

Medicare Extenders and Other Policies, Including Those in The CHRONIC Care Act

- **H.R. 3168**, based on this legislation introduced by Reps. Tiberi and Ranking Member Sander Levin (D-MI), extends and strengthens Medicare Special Needs Plans (SNPs) to increase efficiency and plan quality.
- **H.R. 3044**, introduced by Reps. Pat Meehan (R-PA) and Terri Sewell (D-AL), expands supplemental benefits to meet the needs of chronically ill Medicare Advantage enrollees under the Medicare program.

- **H.R. 3727**, introduced by Reps. Diane Black (R-TN) and Mike Thompson (D-CA), includes telehealth services as a basic benefit for Medicare Advantage enrollees and increases access for beneficiaries by allowing plans to incorporate telehealth services into their bids.
- **H.R. 3992**, based on this legislation introduced by Rep. Kristi Noem (R-SD), postpones the implementation of the Home Health Groupings model (HHGM) until 2020.
- **H.R. 2663**, based on this legislation introduced by Reps. Kenny Marchant (R-TX) and Earl Blumenauer (D-OR), requires CMS to consider the entire patient's record when deciding if a patient is eligible for home health care services.
- **H.R. 1955**, based on this legislation introduced by Reps. Tom Reed (R-NY) and Peter Welch (D-VT), extends the Medicare Dependent Hospital Program and the Low-Volume Adjustment Program.
- **H.R. 1995**, introduced by Reps. Diane Black (R-TN) and Earl Blumenauer (D-OR), expands the Medicare Advantage value-based insurance design to all 50 states to meet the needs of chronically ill Medicare Advantage enrollees.
- **H.R. 3271**, introduced by Reps. Diana DeGette (D-CO), Tom Reed (R-NY), and Susan Brooks (R-IN), bolsters protections for Medicare beneficiaries who purchase blood glucose testing supplies from the National Mail Order Competitive Bidding Program.
- **H.R. 3263**, introduced by Reps. Michael Burgess, M.D. (R-TX), Debbie Dingell (D-MI), Health Subcommittee Chairman Peter Roskam (R-IL), and Mike Thompson (D-CA), grants a two-year extension for the Independence at Home Medical Practice Demonstration Program (IAH) through FY 2019.
- **H.R. 807**, based on this legislation introduced by Reps. Erik Paulsen (R-MN), Ron Kind (D-WI), Marsha Blackburn (R-TN), Doris Matsui (D-CA), and nearly 250 other members of Congress, permanently repeals the cap on therapy services in Medicare and instead codifies a more stringent medical review threshold.
- **H.R. 4520**, introduced by Reps. Jenkins (R-KS) and Loeb sack (D-IA), prevents Medicare's enforcement of unreasonable and inflexible direct supervision rules for outpatient therapy services at Critical Access Hospitals (CAHs) and other small, rural hospitals for 2017. An annual extension bill has been passed into law since 2014.
- **H.R. 4136**, based on this legislation introduced by Reps. Jason Smith (R-MS), Anna Eshoo (D-CA), Markwayne Mullin (R-OK), and Ami Bera (D-CA), increases the amount of available services and raise participation for providers in intensive cardiac rehabilitation programs in Medicare.
- **H.R. 3447**, introduced by Reps. Lynn Jenkins (R-KS) and Rep. Mike Thompson (D-CA), allows standalone Medicare Part D plans to have access to Medicare Fee-for-Service A and B claims data.